

STATE OF FLORIDA

Case No. (one per form)

vs.

Uniform Traffic Citation No.

Defendant

SPN No.

**PLEA AND ACKNOWLEDGMENT OF RIGHTS**

I hereby [enter a plea of ( ) NO CONTEST ( ) GUILTY] or [( ) ADMIT A VIOLATION OF MY PROBATION (VOP)]. I understand that: (1) I am charged with

( ) M1 ( ) M2 ( ) VOP ( ) Amended to \_\_\_\_\_ F.S.

(2) The maximum sentence for a Misdemeanor-1st degree (M1) is 1 year in jail and a \$1,000.00 fine and for a Misdemeanor-2nd degree (M2) is 60 days in jail and a \$500.00 fine plus court costs. I understand the nature of each charge.

(3) If I choose to enter my plea in open court the judge may place me under oath and ask me questions about my plea and sentence.

(4) I affirmatively agree to give up my right to: see the judge; a trial by a judge or jury; have my own or court appointed lawyer help me; make the State prove my guilt beyond a reasonable doubt; see and question witnesses against me; present defenses or witnesses on my own behalf; remain silent about my case; and, appeal my guilt or innocence. I have 30 days to appeal the legality of the sentence and if I cannot afford a lawyer one will be appointed for me, if I qualify. I may be deported or sent back to my country of origin if I am not a U. S. citizen.

(5) No alcohol or drugs are affecting me, no one has promised me or threatened me to enter this plea, and I affirmatively state that I am making this plea freely and voluntarily because I feel it is in my best interest to do so.

**ORDER OF JUDGMENT AND SENTENCE (Page 1 of 2)**

( ) PLEA ( ) TRIAL [JUDGE/JURY] ( ) AMENDED ( ) NO INFORMATION ( ) NOLLE PROSEQUI ( ) DISMISSED

Adjudication: \_\_\_\_\_ Adjudged Guilty ( ) .15 or above \_\_\_\_\_ Adjudication Withheld

Probation: \_\_\_\_\_ Mos. ( ) Consecutive ( ) Concurrent with Case No. \_\_\_\_\_ ( ) Non-Reporting ( ) Terminate Early ( ) Reinstatement ( ) Extend \_\_\_\_\_ Months ( ) Revoke ( ) Terminate

General Conditions: Note: See reverse side for general conditions of probation.

Special Conditions: \_\_\_\_\_ Hours Community Service \_\_\_\_\_ Days Work Program (All fees payable in advance) \_\_\_\_\_ DUI School Level ( ) I ( ) II (includes completion of any recommended counseling) \_\_\_\_\_ Driving School: ( ) DDS ( ) ADDS ( ) DWLSR F.A.C.T. Program \_\_\_\_\_ Driver's License: ( ) Suspension / Revocation \_\_\_\_\_ months \_\_\_\_\_ years \_\_\_\_\_ Alcohol/Drug Conditions (See reverse side) Monitoring: ( ) Random ( ) \_\_\_\_\_ /wk \$ \_\_\_\_\_ Restitution. Payable to: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ \_\_\_\_\_ Victim Awareness Program (VAP) \_\_\_\_\_ Vehicle Impoundment/Immobilization: ( ) 10 days ( ) 30 days ( ) 90 days ( ) \_\_\_\_\_ days

( ) DUI (1st offense): Adjudged Guilty. 6 mos. probation [( ) early termination], DUI School Level I (including counseling, if recommended), \_\_\_\_\_ hours community service, 6 months driver's license revocation, Victim Awareness Program (VAP), Vehicle Impoundment/Immobilization: ( ) 10 days ( ) 30 days ( ) 90 days ( ) \_\_\_\_\_ days

Jail: \_\_\_\_\_ ( ) days [in ( ) County Jail] [on ( ) House Arrest] with credit for \_\_\_\_\_ ( ) days already served ( ) Concurrent ( ) Consecutive to [Case No(s). \_\_\_\_\_] \_\_\_\_\_ Suspended after serving \_\_\_\_\_ ( ) days ( ) mos. ( ) Day for day credit in-patient treatment ( ) Jail Work Camp ( ) Work Release / Nights [Authorized only. Subject to rules and regs of the LCJ] Report to ( ) County Jail ( ) Courtroom \_\_\_\_\_ on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m. (See reverse side)

Other:

**I swear or affirm that I have read this form carefully. I affirmatively waive my constitutional rights as set forth in paragraph (4) above and any defenses I may have. I have discussed the case thoroughly with my lawyer including the elements of proof and all possible defenses. I understand and accept the sentence imposed by the court and stipulate to a factual basis for the charge. I understand the rights and duties explained in this form and agree to them. I am entering my plea freely and voluntarily. I agree to pay all fines, fees and costs assessed by the court by separate judgment that is attached and incorporated into this judgment and sentence. I have received a copy of each judgment and the general conditions of probation with which I understand I must strictly comply.**

Defendant \_\_\_\_\_ / \_\_\_\_\_ Date

Defense Counsel \_\_\_\_\_ / \_\_\_\_\_ Date

Assistant State Attorney (ASA) \_\_\_\_\_ / \_\_\_\_\_ Date

Probation Officer \_\_\_\_\_ / \_\_\_\_\_ Date

[Signatures of ASA (and probation officer in VOP cases) required only if plea is entered in absentia pursuant to Rule 3.180]

## **GENERAL CONDITIONS OF PROBATION**

- (1) You will not change your residence or employment or leave the county of your residence without first getting the consent of your probation officer.
- (2) Not later than the 5th day of each month, you will make a full and truthful report in person to your probation officer unless otherwise directed by your probation officer.
- (3) You will neither possess, carry, nor own any weapons or firearms, without first getting the consent of your probation officer.
- (4) You will live and remain at liberty without violating any law. A conviction in any court of law is not necessary for the State Attorney to prove a violation of your probation.
- (5) You will not use intoxicants to excess; you will not use or possess any illegal drugs; nor, will you frequent places where intoxicants, drugs, or other dangerous substances are sold, dispensed or used unlawfully.
- (6) You will abstain from the use of alcohol or drugs if so ordered by the judge. You must submit to necessary screening and complete any counseling recommended by the screening entity. In addition, you must bear the cost of counseling and monitoring.
- (7) You will work diligently at a lawful occupation and support any dependents to the best of your ability. If directed by your probation officer you will conduct a job search and demonstrate proof of your search results.
- (8) You will promptly and truthfully answer all questions asked by the Court or your probation officer and allow the officer to visit in your home, at your employment site or elsewhere. You will follow all instructions of your probation officer.
- (9) You will pay **\$55.00** per month for the cost of your probation supervision and rehabilitation. You must pay by cash, money order or personal check. Make money orders and checks payable to: **Leon Co. Board of County Commissioners**.
- (10) You will appear in court as necessary for any **hearing** or **status conference** or for any other reason determined necessary by the Court or your probation officer.
- (11) You will comply with all general conditions found in the current version of Chapter 948, Florida Statutes.

## **NOTICE TO PROBATIONERS**

You must report to the probation office **immediately** upon entry of your sentence or **within 24 hours** of your release from jail. When you have been instructed as to the conditions of probation / community control, you will be released from custody, and if you are at liberty on bond the surety will stand discharged from further liability.

Further, **you are placed on notice** that the court at any time may rescind or modify any condition of your probation, extend the period of probation supervision as authorized by law, or terminate your probation. If you violate any of the conditions of your probation supervision you may be arrested and held without bond. Your probation may be revoked and if it is determined that you are in willful violation of your probation you will be adjudicated guilty if adjudication of guilt was withheld, and any sentence which might have been imposed before placing you on probation supervision may now be imposed against you including up to the maximum time in the county jail.

## **NOTICE OF APPEARANCE REQUIREMENTS**

- (1) **IF YOU FAIL** to appear for any scheduled court appearance for which you received actual or constructive notice to appear, you may be charged with the crime of failure to appear and/ or held in contempt of court, upon notice and hearing, and for which you can be sentenced up to an additional six (6) months in the county jail upon conviction.
- (2) **IF YOU FAIL** to appear in person at the county jail as scheduled you may be held in violation of probation or contempt of court, upon notice and hearing, and for which you can be sentenced to up to six (6) months in the county jail upon conviction in addition to any other jail sentence previously imposed. Also, if you fail to appear at the county jail as scheduled the Sheriff may charge you with the separate crime of Escape, a second degree felony, punishable by up to 15 years in state prison.
- (3) **READ CAREFULLY** the accompanying document titled 'ORDER OF JUDGMENT FOR FINES, FEES AND COSTS' for further information on what may happen if you fail to comply with the court's order regarding payment.
- (4) **DO NOT LEAVE THE COURTROOM** until you are fully satisfied that you understand everything that has happened while you were present in the courtroom.

**IF YOU HAVE ANY DOUBT, DO NOT HESITATE TO TALK TO THE JUDGE IN OPEN COURT.**

**ORDER OF JUDGMENT FOR FINES, FEES AND COSTS**

IT IS ORDERED that defendant shall pay the following statutorily mandated fines and costs:

1. \$ \_\_\_\_\_ (M1) \$ \_\_\_\_\_ (M2) fine pursuant to Section 775.083, Florida Statutes.
2. \$ \_\_\_\_\_ (M1) \$ \_\_\_\_\_ (M2) as the 5% surcharge required by Section 938.04, Florida Statutes.
3.  **\$258.00 Court Costs\*** (for Adjudication of Guilt)  **\$258.00 Court Costs\*** (for Adjudication Withheld)
4.  **\$50.00**, or the higher of documented costs of \$ \_\_\_\_\_ for prosecution pursuant to section 938.27(8), F.S.
5.  **If checked, \$50.00** or the higher costs of \$ \_\_\_\_\_ for legal assistance pursuant to Section 938.29(1), F.S.
6.  **\$50.00** as an application fee pursuant to §27.52(1)(b), F.S. (Indigent Criminal Defense Trust Fund) if the Defendant applied for a Public Defender and the fee has not been paid in full. The first \$50.00 collected by the clerk shall be applied toward satisfaction of this fee.
7.  If checked, the Defendant shall pay **\$135.00** as costs pursuant to §938.07, F.S. (Driving or Boating Under The Influence)
8.  If checked, the Defendant shall pay **\$15.00** as costs pursuant to §938.13, F.S. (Misd. Drug Alcohol Assessment).
9.  If checked, the Defendant shall pay **\$5.00** as an additional fine pursuant to §316.061(1) F.S. (Leaving the Scene)
10.  If checked, the Defendant shall pay **\$7.00** as costs pursuant to §318.14(14), F.S. (City Replacement of Revenue Fine for offenses within the city limits). Applies to violations under chapter 316 only.
11.  If checked, the Defendant shall pay **\$70.00** as an additional fine pursuant to §318.18(20) F.S. (Reckless Driving)
12.  If checked, the Defendant shall pay **\$70.00** as an additional fine pursuant to §318.18(20) F.S. (Racing on Highway)
13.  **If checked, fines and costs are reduced to judgment pursuant to applicable law. DHSMV Form D6 to issue and driving privilege is suspended until mandatory items are paid in full and a D-6 clearance is issued by the clerk.**
14.  **If checked, PD application fee reduced to judgment pursuant to applicable law.**

The defendant is hereby given notice that all statutorily mandated costs are imposed as if orally pronounced in open court and shall be distributed pursuant to Administrative Order 97-08 and all subsequent amendments.

\$ \_\_\_\_\_ **TOTAL STATUTORILY MANDATED FINES, FEES & COSTS [which shall be first satisfied from all sums paid and for which let execution issue].**

**FURTHER, it is ordered that defendant shall pay the following discretionary fines and costs, if checked:**

\_\_\_\_\_ \$ \_\_\_\_\_ fine pursuant to Section 775.0835(1), Florida Statutes. (Optional fine for the Crimes Compensation Trust Fund).

\_\_\_\_\_ Other costs: \_\_\_\_\_

\_\_\_\_\_ ( ) **If checked, discretionary items are reduced to judgment pursuant to applicable law. DHSMV Form D6 will issue and driving privilege is suspended until discretionary items are paid in full and a D-6 clearance is issued by the clerk.**

\$ \_\_\_\_\_ **TOTAL DISCRETIONARY FINES, FEES & COSTS**

**FURTHER, it is ordered:**

( ) **If checked**, defendant shall pay directly to the clerk of this court the fines and statutorily mandated costs listed above within thirty (30) days from this date, **failing which, defendant must appear** before a judge of the second judicial circuit in **COURTROOM \_\_\_\_\_, LEON COUNTY COURTHOUSE** at \_\_\_\_\_ a.m. / p.m. on \_\_\_\_\_ (date).

**IT IS FURTHER ORDERED and NOTICE IS HEREBY GIVEN** that further court appearances and hearings **may be required** for payment of your fines and statutorily mandated court costs. A separate notice will be provided to you.

**NOTE: Failure to timely perform or appear in court as ordered may result in your being held in contempt of court and your driving privileges suspended.**

(See also the information of the reverse side)

**I SWEAR OR AFFIRM THAT I HAVE READ THE FRONT AND BACK OF THIS FORM CAREFULLY, OR I HAVE DISCUSSED IT THOROUGHLY WITH MY LAWYER. I AGREE TO BE BOUND BY ALL OF THE TERMS AND CONDITIONS CONTAINED ON THE FRONT AND BACK OF THIS DOCUMENT.**

\_\_\_\_\_/\_\_\_\_\_  
Defendant Date

\_\_\_\_\_/\_\_\_\_\_  
Defense Counsel Date

**I accept the defendant's plea as voluntarily entered. I find a factual basis to support the charge and enter and file this Order of Judgment and Sentence and Order of Judgment for Fines, Fees and Costs.**

**DONE and ORDERED on** \_\_\_\_\_.

\_\_\_\_\_  
Judge

**FURTHER COURT APPEARANCES AND VIOLATION OF PROBATION INFORMATION**

If so ordered by the sentencing judge, the defendant **shall appear in person** to review defendant’s progress in completing any condition of probation imposed by this Court. Review may include, but is not limited to, the defendant’s record of payment of fines, fees and costs, attendance at any counseling, schools, events or programs, and completion of community service, work program service or jail work camp service. In the event the defendant **fails to appear** or if it is determined that the defendant is not completely and fully current with his/her payments or is behind in completion of any condition of probation, **the defendant is hereby put on notice** that an affidavit of violation of probation may be filed by the defendant’s probation officer. If found to be in willful violation of probation, the defendant may be sentenced to jail for the maximum term permitted by law.

**CHANGE OF ADDRESS INFORMATION**

You must also immediately notify the clerk of this court, in writing, of any change in your address. The Clerk of the Circuit Court and Comptroller has forms for this purpose. Your failure to keep the clerk informed of your current address and any changes to your address will further subject you to being in held in violation of probation or to the issuance of a contempt of court citation and imposition of an appropriate sanction including, but not limited to, being sentenced to jail, an imposition of a fine or both.

All fine, fee and cost payments must be made in cash, or by credit card or money order, payable to:

**Clerk of the Circuit Court and Comptroller, Leon County, FL**

(Revised 10/29/13)

**CERTIFICATION**

I CERTIFY the fingerprints imprinted below are the fingerprints of the defendant and were placed hereon by me upon the conviction of the defendant of the listed charge in open court or *in absentia* on

\_\_\_\_\_.

Date

\_\_\_\_\_  
Law Enforcement Officer

Accepted on \_\_\_\_\_.

Date

\_\_\_\_\_  
Judge

**FINGERPRINTS OF DEFENDANT**

Left four fingers taken simultaneously

Left Thumb

Right Thumb

Right four taken simultaneously

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